

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876) | | | | | | SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/254344</div> | | FILING DATE | | | |
|---|----------|------|------------------------|------|------------------------|--|--------------|-------------|------|------|------|
| | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| 1 | | | / | | | | 51 | | | | |
| 2 | | | | / | | | 52 | | | | |
| 3 | | | | / | | | 53 | | | | |
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| 21 | | | | / | | | 71 | | | | |
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| 49 | | | | | | | 99 | | | | |
| 50 | | | | | | | 100 | | | | |
| ITAL D. | | | 9 | | | | TOTAL IND. | | | | |
| ITAL P. | | | 10 | | | | TOTAL DEP. | | | | |
| ITAL AIMS | | | 25 | | | | TOTAL CLAIMS | | | | |